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FACSIMILE COVER LETTER

Firm: U.S. Patent and Trademark Office

Facsimile No.: 703-872-9306

From: Thomas F. Presson

Date: April 28, 2005

Re: U.S. Patent Application Serial No. 09/807,114
Our Ref.: 450106-02645

No. of Pages: 23
(including cover page)

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PATENT
450106-02645IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tetsujiro Kondo, et al.
 Serial No. : 09/807,114
 Filed : June 15, 2001
 For : TRANSMITTING APPARATUS AND METHOD, RECEIVING APPARATUS AND METHOD, TRANSMITTING AND RECEIVING APPARATUS AND METHOD, RECORD MEDIUM AND SIGNAL (AS AMENDED)
 Examiner : Nguyen, Kimmhung T.
 Art Unit : 2674

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	41	Minus	** = 77	* 0 x	\$18 (9)	= \$ 0
Independent claims	17	Minus	*** = 18	* 0 x	\$0	= \$ 0
Total additional fee for this amendment						= \$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid or is paid herewith .

This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$0 _____ is attached, which covers the cost of additional claims _____ petition for extension of time.

Charge \$_____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being transmitted via facsimile No. 703-872-9306 to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 28, 2005

Thomas F. Presson, Reg. No. 41,442

Name of Applicant, Assignee or Registered Representative

Thomas F. Presson
 Signature

April 28, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: Thomas F. Presson
 Thomas F. Presson
 Reg. No. 42,442
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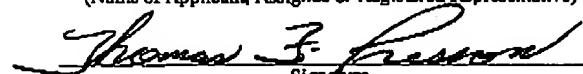
PATENT
450106-02645IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Tetsujiro Kondo, et al.	Notice of Allowance: 3/29/05
Serial No.	:	09/807,114	Confirmation no. 2203
Filed	:	June 15, 2001	RECEIVED CENTRAL FAX CENTER APR 28 2005
For	:	TRANSMITTING APPARATUS AND METHOD, RECEIVING APPARATUS AND METHOD, TRANSMITTING AND RECEIVING APPARATUS AND METHOD, RECORD MEDIUM AND SIGNAL (AS AMENDED)	
Examiner	:	Nguyen, Kiemhung T.	
Art Unit	:	2674	
Confirmation No.	:	2203	

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New York, NY 10151

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April 28, 2005

Thomas F. Presson, Reg. No. 41,442
(Name of Applicant, Assignee or Registered Representative)


Signature

April 28, 2005
Date of Signature

AMENDMENT UNDER 37 CFR §1.312

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Following the mailing of the Notice of Allowance of the above-identified application on March 29, 2005, please amend the application as follows: